

# INITIAL 72-HOUR REPORT TO BOI & LOCAL PROSECUTOR (CONFIDENTIAL)

## Classification

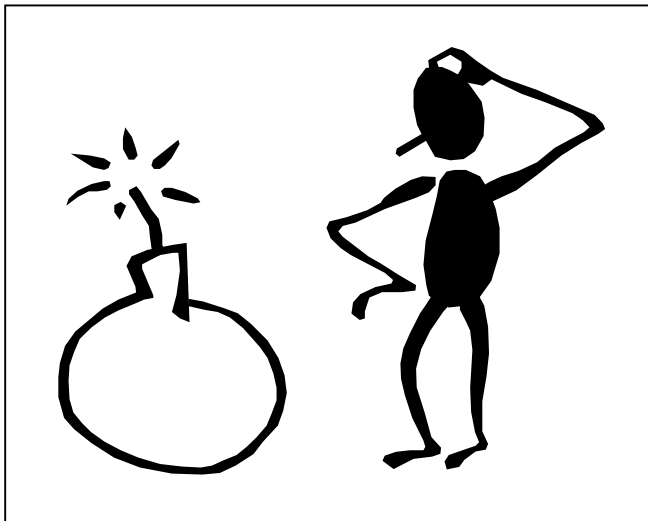
☐ Fatality

☐ Serious Accident

☐ Number of Fatalities

☐ Number of Injured Employees

Insert Photo



(Victim photo, if accessible, is important also.)

## INSPECTION INFORMATION

Inspection No.:  Inspector:  Opt. Rpt. No.:

## LOCATION OF INCIDENT

Event Date:  Event Time:

## \*MANAGEMENT CONTACTED

Name/Title/Home Phone No. & Address	Company Name/Phone No. & Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## \*COMPETENT PERSON(S)

Name, Home Phone No. & Address	Company Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## \*EMPLOYER(S) ONSITE

Company Name/Address & Phone No.	Type of Business	Supervisor/Home Address & Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*INFORMATION ON INJURED				
Name/Driver's License	Home Phone No. & Address	Occupation	Supervisor	Onsite

*WITNESS NAME INFORMATION				
Name/Driver's License	Home Phone No. & Address	Occupation	Employer	Supervisor

SUMMARY					
Description of Incident	Yes	Fatality	Injury	Employee Name	Employer
Fall					
Electrocution					
Fire					
Ground fall					
Explosion					
Confined Space					
Machine Guard					
Lock-out/Block-out					
Equipment Operation/Crane					
Other:					

Other agency present at the site: \_\_\_\_\_

*DETAILS (including why a referral may be made)

TITLE 8 REGULATION AT ISSUE		
Section	Subject	

STATUS OF CASE	
Awaiting <input type="checkbox"/> EE Interviews <input type="checkbox"/> Documentation from Employer(s) <input type="checkbox"/> Management Review <input type="checkbox"/> Legal Review <input type="checkbox"/> Other: _____	Translation by: <input type="checkbox"/> Translation Needed <input type="checkbox"/> CSHO <input type="checkbox"/> Staff Member <input type="checkbox"/> Translation Service

**Note: \*Additional Information in attached narrative.**

Prepared by: SE, IH

Date:

Reviewed by: DM/Senior Engineer/IH

Date:

cc: Regional Manager  
Deputy Chief for Cal/OSHA Enforcement

72-Hour Notification Report (1/10/02)